(b)			DIVISION OF	VITAL STATISTICS		E FILE NO.	OTOL
	BIRTH NO.		CERTIFICAT	E OF DEA	TH REGI	STRAR'S NO.	6-6-1
1 21	1. PLACE OF DEATH		B. LENGTH OF STAY	1 2. USUAL RESI	DENCE (WHERE	DECEASED LIVED	63
E OF DEATH	A. COUNTY Maric	ODe .	HE TES. 49 TES	^	IL IMBILL		E BEFORE ADMISSION)
.,,	C. CITY	<u> </u>	I TO ITS ! TO ITS	C. CITY	Arizona	B. COUN	Maricopa
AND 45	TOWN Wicke	n bu no		OR	184 = 1 b	<b>X</b> I	IN CITY LIMITS
- RESIDENCE			OUTSIDE CITY LIMITS		Wickenburg		OUTSIDE CITY LIMITS
10114	HOSPITAL OR	(IF NOT IN HOSPITAL ( ADDRESS OR LOGATION	OR INSTITUTION, GIVE STREET	D. STREET		(IF RURAL, G	IVE LOCATION)
1340		dely of Hills	ital	ADDRESS	209 S. Wash	ington St.	
		FIRST) B.	(MIDDLE) C.	(LAST) 4	. SEX   5. COLOR	OR RACE   6A. M.	ARRIED, NEVER MARRIE
	DECEASED (TYPE OR PRINT)	nthony (Ton	ly) Bo	etto M	ale White	[ Widen	WED, DIVORCED (SPECI
/	6B. NAME OF SPOUSE	7. DATE		YEARS IF UNDER ! YEA			ried
CEDENT /	Laurel	MONTH T-7-	DAY YEAR LAST BIRT	HDAY) MONTHS DAYS		WORK BURING MO	CUPATION (GIVE KIND STOFLIFE EVEN IF RETIRE
10			29   1906   49	<u>_</u>	<u> </u>	School Te	radoa
RSONAL 🕍	NESS OR INDUSTRY	O. BIRTHPLACE (STATOR FOREIGN COUNTRY	TE 11. CITIZEN OF WHAT	12. WAS DECEASE	ED EVER IN U. S. A	DUED FORCE & L	13. SOCIAL SECURI
DATA ////	School Teacher	Arizona	US▲	Yes W#	TOTAL CITY TERMORE CORT	ATES OF SERVICE)	527-34-6537
····· , , ,	14A. FATHER'S NAME		14B. BIRTHPLACE	15A. MOTHER'S	MAIDEN NAME		
1	John Boetto		Italy	1			15B. BIRTHPLACE (STATE OR COUNT)
10.00	16. INFORMANT'S SIG	NATURE	ADDRESS	Mary Mun			I taly
1351	Mrs. Laurel Boe			17. DATE	(HTMOM)	(DAY)	(YEAR)
000		CCO, WICKONSO		DEATH	Oct.	9	1955
	18. CAUSE OF DEATH			CENTIFICATION			INTERVAL BETWEE
AUSE	ENTER ONLY ONE CAPE PER LINE POR LAND (B). (C).	I. DISEASE OR CO DIRECTLY LEADING		Kh. Coles	wales for	elegene	ONSET, AND DEAT
· ·	THIS DOES NOT MEAN THE		<del>-</del>	A	7 .		4 dely
^F '							
OF		ANTECEDENT CAUS		Was diago	Les Marcel	A Incade	Ation - 1
	MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA.	MORBID CONDITIONS.	IF ANY, DUE TO (	Inselve	1 st much	entrick	iting 2 day
EATH //	MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE,	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING	IF ANY, DUE TO ( E ABOVE THE UN-	Ameline	1 M. Much	entrick	stery 2 day
DEATH //	MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAS	IF ANY. DUE TO ( E ABOVE THE UN. T. DUE TO (	There is	in Much	entrick	stery 2 day
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RATIONS, JOYNEY CELL TO SECULATION CONTRACTOR CONTRACTO	MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA, ETC. IT MEANS THE DISEASE. INJURY, OR COMPLICATION WHICH CAUSED DEATH,  PLACE DISEASE CONTRACTED.  19A. DATE OF OPERATION 19A. DATE OF OPERATION 21. I HEREBY CERTIFY TO ALIVE ON OCT. 22A. SIGNATURE 23A. ACCIDENT	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAS- II. OTHER SIGNIFI- CONDITIONS CONTRIB RELATING TO THE DIS ON 19B. MAJO HAT I ATTENDED THE DIS 1955, AND	THAT DEATH OCCURRED AT  GREE OR TITLE  DECEASE OF TITLE  THAT DEATH OCCURRED AT  GREE OR TITLE  M. D  23B. PLACE OF INJUI	7 , 19 , TO 12 45 P 228. ADDRESS Wickenbu	10-9-, 19 M. FROM THE CAUS ING. APIZO	55 THAT I LAST	20. AUTOPSY?  YES A HO  T SAW THE DECEASED  DATE STATED ABOVE 22C. DATE SIGNES  10-11-55
PEATH TEM 18)  RATIONS, JTOPSY  EDICAL IFICATION  DEATH	MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA. ETC. IT MEANS THE DISEASE. INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.  19A. DATE OF OPERATION DOTE ON DETAILS.  21. I HEREBY CERTIFY TO ALIVE ON OCT. 9  22A. SIGNATURE  23A. ACCIDENT SUICIDE HOMICIDE	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAS  II. OTHER SIGNIFIC CONDITIONS CONTRIB RELATING TO THE DIS ON 19B, MAJO HAT I ATTENDED THE DIS (DE CONTRIBUTION) (DE CONTRIBUTION) (DE CONTRIBUTION)	THAT DEATH OCCURRED AT  GREE OR TITLE  DECEASE OF TITLE  THAT DEATH OCCURRED AT  GREE OR TITLE  M. D  23B. PLACE OF INJUI	7 , 19 , TO 12 45 P 228. Address Wickenbu	10-9-, 19 M. FROM THE CAUS ING. APIZO	55, THAT I LAST	20. AUTOPSY?  YES A NO THE DECEASED  DATE STATED ABOVE 22C. DATE SIGNED  10-11-55
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RATIONS, JTOPSY  EDICAL FICATION  DEATH DUE TO EXTERNAL VIOLENCE  RONER'S	MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA. EIG. IT MEANS THE DIBEASE. INJURY, OR COMPLICATION WHICH CAUSED DEATH.  19A. DATE OF OPERATIO 10-10-55  21. I HEREBY CERTIFY TO ALIVE ON OCT. 9  22A. SIGNATURE 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSE 23D. TIME (MONTH) (DATE OF INJURY)	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAST II. OTHER SIGNIFIC CONDITIONS CONTRIB RELATING TO THE DIS ON 198, MAJO HAT I ATTENDED THE DIS (SPECIFY)  (SPECIFY)  MY (YEAR) (HOUR)	THAT DEATH OCCURRED AT.  23B. PLACE OF INJUIT FARM, FACTORY,  WHILE AT NOT WHILE AT THE PARM PAGE AT NOT WHILE AT NOT WHITE AT NOT WHITE AT NOT WHILE AT NOT WHILE AT NOT WHITE AT NOT WHITE AT NOT WHITE AT NOT WHITE AT NOT WHIL	NOT IG DEATH.  ON  1245 P  228. ADDRESS Wickenbu RY (E.G., IN OR ABOUT STREET, OFFICE BLOG	10-9-, 19- M. FROM THE CAUSING AP1ZO THOME, 23C. (	55, THAT I LAST	20. AUTOPSY?  YES A HO  T SAW THE DECEASED  DATE STATED ABOVE 22C. DATE SIGNES  10-11-55
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PEATH FEM 18)  RATIONS, JTOPSY  EDICAL IFICATION  DEATH DUE TO EXTERNAL	MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE. INJURY, OR COMPLICATION WHICH GAUSED DEATH.  19A. DATE OF OPERATION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 22A. SIGNATURE 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE 23D. TIME (MONTH) (DATE OF OPERATION 10 INJURY)  24A. CORONER'S SIGNATURAL CAUSE 23D. TIME (MONTH) (DATE OF OPERATION 10 INJURY)  25A. BURIAL \$\frac{1}{2}\$ CREMATION \$\frac{1}{2}\$ REMOVAL \$\frac{1}{2}\$ 1	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAS  II. OTHER SIGNIFIC CONDITIONS CONTRIB RELATING TO THE DIS ON 198, MAJO  HAT I ATTENDED THE DIS (SPECIFY)  AY) (YEAR) (HOUR)  M  FURE  58. DATE  0-13-55	THAT DEATH OCCURRED AT.  CANT CONDITIONS BUTING TO THE DEATH BUT SEASE OR CONDITION CAUSIN OF FINDINGS OF OPERATION  THAT DEATH OCCURRED AT. GREE OR TITLE)  23B. PLACE OF INJUIT FARM, FACTORY.  23E. INJURY OCCURRE WHILE AT NOT WHILL WORK TO AT WORK  25C. NAME OF CEMET WICKENDURG	NOT IG DEATH. ON  1245 P 228. ADDRESS Wickenbu RY (E.G., IN OR ABOUT STREET, OFFICE BLOG  ED 23F. HOW DID 24B. ADDRESS	10-9=, 19- M. FROM THE CAUS THOME, 23C. ( INJURY OCCUR: Y 25D. LC	55 THAT I LAST	20. AUTOPSY?  YES NO THE DECEASED  DATE STATED ABOVE 22C. DATE SIGNET 10-11-55 (COUNTY) (STATE)  4C. DATE SIGNED  OWN, OR COUNTY) (STATE)
RATIONS, JOPEN LA PROPERTIES L	MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH,  PLACE DISEASE CONTRACTED.  19A. DATE OF OPERATION 10-10-55  21. I HEREBY CERTIFY TO ALIVE ON OCT. 22A. SIGNATURE 23A. ACCIDENT SUICIDE HOMICIDE	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAST II. OTHER SIGNIFIC CONDITIONS CONTRIB RELATING TO THE DIS ON 198, MAJO  HAT I ATTENDED THE DIS (SPECIFY)  AY) (YEAR) (HOUR)  M  FURE  58. DATE 0-13-55  REGISTRAR'S SIGNA	THAT DEATH OCCURRED AT.  CANT CONDITIONS BUTING TO THE DEATH BUT SEASE OR CONDITION CAUSIN OF FINDINGS OF OPERATION  THAT DEATH OCCURRED AT. GREE OR TITLE)  23B. PLACE OF INJUIT FARM, FACTORY.  23E. INJURY OCCURRE WHILE AT NOT WHILL WORK TO AT WORK  25C. NAME OF CEMET WICKENDURG	NOT IG DEATH.  ON  1245  228. ADDRESS  Wickenbu RY (E.G., IN OR ABOUT STREET, OFFICE BLOG  ED 23F. HOW DID 24B. ADDRESS  ERY OR CREMATOR	10-9=, 19- M. FROM THE CAUS THOME, 23C. ( INJURY OCCUR: Y 25D. LC	55 THAT I LASTES AND ON THE TOTAL CITY OF TOWN)  CATION (CITY, TO	20. AUTOPSY?  YES A NO THE DECEASED  TO BAW THE DECEASED  DATE STATED ABOVE.  22C. DATE SIGNES  (COUNTY) (STATE)  COUNTY) (STATE)  OWN. OR COUNTY) (STATE)
RATIONS, JOPEN LEDICAL FICATION DEATH DUE TO EXTERNAL VIOLENCE RONER'S FICATIO	MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA. ETC. IT MEANS THE DISEASE. INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.  19A. DATE OF OPERATIC 10-10-55  21. I HEREBY CERTIFY TO ALIVE ON OCT. 9  22A. SIGNATURE  23A. ACCIDENT SUICIDE NATURAL CAUSE NATURAL CAUSE NATURAL CAUSE NATURAL CAUSE 23D. TIME (MONTH) (DION OF INJURY)  24A. CORONER'S SIGNATURE 10-10-10-10-10-10-10-10-10-10-10-10-10-1	MORBID CONDITIONS, GIVING RISE TO THI CAUSE (A) STATING DERLYING CAUSE LAS  II. OTHER SIGNIFIC CONDITIONS CONTRIB RELATING TO THE DIS ON 198, MAJO  HAT I ATTENDED THE DIS (SPECIFY)  AY) (YEAR) (HOUR)  M  FURE  58. DATE  0-13-55	THAT DEATH OCCURRED AT.  CANT CONDITIONS BUTING TO THE DEATH BUT SEASE OR CONDITION CAUSIN OF FINDINGS OF OPERATION  THAT DEATH OCCURRED AT. GREE OR TITLE)  23B. PLACE OF INJUIT FARM, FACTORY.  23E. INJURY OCCURRE WHILE AT NOT WHILL WORK TO AT WORK  25C. NAME OF CEMET WICKENDURG	NOT IG DEATH.  ON  1245  228. ADDRESS  Wickenbu RY (E.G., IN OR ABOUT STREET, OFFICE BLOG  ED 23F. HOW DID 24B. ADDRESS  ERY OR CREMATOR	10-9=, 19- M. FROM THE CAUS THOME, 23C. ( INJURY OCCUR: Y 25D. LC	55 THAT I LASTES AND ON THE TOTAL CITY OF TOWN)  CATION (CITY, TO	20. AUTOPSY?  YES NO THE DECEASED  DATE STATED ABOVE 22C. DATE SIGNET 10-11-55 (COUNTY) (STATE)  4C. DATE SIGNED  OWN, OR COUNTY) (STATE)